

Response to
California
Behavioral Health
Electronic Health Record
(CA BH-EHR)
Request for Information



Duke
Behavioral
Health
Informatics

&

 **DATA STRATEGIES, INC.**

Submitted by:

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Regional Business Manager, Western U. S.
Duke Behavioral Health Informatics

December 4, 2008

Table of Contents

Table of Contents	2
Company Overview	3
E. Partner and/or Reseller References	6
F. Behavioral Health Solutions Experience	8
Client-Server architecture	10
G. Solution Product History	18
H. Solution Product Technologies	20
Software Technologies	20
Server Hardware Minimum Specifications	20
Client Hardware Minimum Specifications	22
Peripheral Hardware Minimum Specifications	23
Minimum Network/Communication Specifications	24
System Backup/Recovery Considerations	24
Data Warehousing is accomplished with relational databases and networked attached storage or a storage area network.	25
System Interface Considerations	25
Data Security Considerations	25
Scalability Considerations	26
I. Behavioral Health EHR Functional Requirements Survey	27
J. Implementation Planning	27
K. Training and Documentation	32
Training	32
Documentation	34
L. Contractual Support	34
M. Cost and Licensing	35
N. Risks and Issues	36
O. Project References	36

Company Overview

RR-D-01 Please provide the following information regarding the makeup of your company.

Corporate Information	
COMPANY NAME	Duke University Behavioral Health Informatics
COMPANY TYPE (C-CORP, S-CORP, LLC, LLP, SOLE PROPRIETORSHIP, ETC.)	Non-for-Profit (Academic Institution Dept. of Psychiatry)
LOCATION OF CORPORATE HEADQUARTERS	Durham, NC
LOCATION OF FIELD SUPPORT OFFICES	Valencia, CA; Columbus, OH, Atlanta, GA
LOCATION OF PROGRAMMING/TECHNICAL SUPPORT PERSONNEL	Durham, NC; Redmond, WA
Primary Contact Information for this rfi	
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RR-D-02 Provide an overview of your firm and its history. Describe the strength of your firm and its ability to meet the needs of California's behavioral health recipients and providers.
(2 pages maximum)

Our Goal

Duke University Behavioral Health Informatics, and Data Strategies, Inc. ("Duke") understand and seek to help California County Departments of Mental Health and other behavioral health organizations to achieve their mission/vision/values: to increase consumer and family empowerment by providing the tools for secure consumer and family access to health information within a wide variety of public and private settings, to modernize and transform clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness and to facilitate the improvement of behavioral health services in the state of California.

Our technologies and expertise provide you the best solution to: 1) accurately triage and treat patients at the most cost-effective level of care, 2) improve patient outcomes through the implementation and continuous refinement of quality improvement efforts and Evidence Based Practices across all patient populations, services and programs, and levels of care, 3) case manage clients to ensure appropriate access to and use of community resources and to help clients reach their potential, 4) improve communications across treatment teams, programs and locations, 5) provide accurate and timely billing and secure reimbursement for services rendered, 6) improve efficiency and productivity, 7) achieve certification and compliance with local, state and federal regulatory agencies, 8) work collaboratively with community providers, 9) promote a positive learning environment for staff and residents from academic programs affiliated with said organizations, and 10) improve human resource management and financial performance.

Commitment to Partnership

Our partnership begins with congruent missions. Our mission matches and supports the California Department of Mental Health mission, vision and values. We are not driven by Wall Street or other private investors. We focus our efforts on 1) improving behavioral health care which includes incorporating clients and families in the treatment process, and 2) creating an efficient and cost-effective user-friendly tool set to help organizations document, meet regulatory requirements, effectively manage your staff and organization and achieve desired financial results.

Our partnership grows with excellent communication, leadership, and accountability. Based on experience drawn from successful projects, we designed our methodology to first understand our clients and their needs, ensure open and effective communications and work intelligently and industriously to help our clients get the most from our solution, optimize their return on investment and improve their business processes. To achieve desired results, we follow the Project Management Institute's practices in managing your project. This includes establishing roles and accountabilities with due dates and budgets and communicating with and managing the team to meet deadlines and financial targets.

Bottom-line: we must deliver. With a clear understanding of California needs, our goal is to deliver your project on time and on budget.

Data Strategies, Inc. ("DSI")

Since 1982, thousands of healthcare providers around the U.S. rely DSI everyday to accomplish mission-critical tasks: billing, appointment scheduling, EDI, reporting, practice management, and integration with clinical information management systems.

Data Strategies is built on the premise that a company's first priority should be to simplify the lives of its clients. Toward that end, DSI does not just try to make the best practice management software on the market - they do everything in our power to make sure their billing solution ("elligence") works reliably and effectively for you.

Electronic filing of Professional and Institutional claims using HIPAA-compliant formats. Web-style hyperlinks abound, letting you quickly jump from one point to another. For example, when elligence pre-checks your insurance claims and finds an error, simply clicking on a hyperlink takes you to the source of the error for quick correction.

California-specific connectivity include:

- * CA (Los Angeles Cty) - Dept of Mental Health
- * CA (Northern) - Medicare Part B - NHIC
- * CA (Southern) - Medicare Part B - NHIC
- * CA - BCC - Wellpoint
- * CA - Medi-Cal
- * CA - Medicare Part A - UGS

Our systems have been creating electronic claims since the beginning. We are in the California Medicare Electronic Billing Hall of Fame (1982) for electronic claims - among the **first eight companies in the state to be approved for electronic claims.**

Duke Behavioral Health Informatics and Data Strategies, Inc. will meet and exceed the above functional requirements

RR-D-03 List the number of employees (Full-time equivalents) in your organization by category for the last 3 years:

Category	2006	2007	2008
Total Employees	9	14	16
Installation / Setup	3	4	5
Research and Development	3	4	4
Application / Technology Support	3	4	5
Customer Service / Helpdesk Support	3	4	5
Other	3	8	8
Those with Clinical Backgrounds:			
– Physicians	1	1	1
– Psychologists			
– Psychiatrists	1	1	1
– Registered Nurses	1	1	1
– Other Clinicians	1	1	1

RR-D-04 Has your company acquired or merged with any other organizations in the past three years? If so, please list each organization and the purpose behind such activity.

No.

RR-D-05 How long has your company been in the business of developing and implementing your Electronic Health Record related products?

11 years.

RR-D-06 What were your firm's annual revenues for the last 3 fiscal years?

Category	2005	2006	2007
\$1,000,000 to \$5,000,000	X	X	X
\$5,000,000 to \$25,000,000			
\$25,000,000 to \$100,000,000			
Greater than \$100,000,000			

RR-D-07 What percentage of your firm's annual revenue directly resulted from behavioral health care solutions during the past 3 fiscal years?

Category	2005	2006	2007
Percentage of Annual Revenue Resulting from BH Solutions	100%	100%	100%

RR-D-08 What percentage of annual revenue did your company expend for research and development (R&D) on your proposed products during the last 3 fiscal years?

Category	2005	2006	2007
Percentage of Annual Revenue Expended on R&D	50%	50%	50%

RR-D-09 What percentage is budgeted for R&D in the current and next fiscal year?

Category	2008	2009
Percentage of Annual Revenue Budgeted for R&D	50%	50%

E. Partner and/or Reseller References

RR-E-01 Please list any partners and/or resellers in the areas of behavioral health: Strategic or tactical development, sales, support, delivery, consulting, or training.

Dartmouth Psychiatric Research Center
Data Strategies, Inc.
Accumedic Computer Systems, Inc.
Stockell Information Systems, Inc.
Mediware Information Systems, Inc.

RR-E-02 For each partner or reseller listed above, please identify the following:

1. Functional areas.
2. Nature of partnership/relationship.
3. Length of the relationship.
4. Referencable customers for whom you have jointly provided services.

(3 pages maximum)

Dartmouth Psychiatric Research Center



The Dartmouth Psychiatric Research Center (PRC) was established in 1987 as a public-academic liaison involving the New Hampshire Division of Behavioral Health and the Dartmouth Medical School. The PRC conducts interdisciplinary research on services for

individuals who have serious mental illness, primarily schizophrenia spectrum and bipolar disorders. The PRC specializes in:

developing effective interventions under research conditions
translating these interventions into actual mental health service practices, and
evaluating their effectiveness in routine practice settings.

PRC research incorporates multiple scientific perspectives, such as clinical, economic, and ethnographic. The PRC works with efficacy and services researchers to address the needs of multiple stakeholders through effectiveness research in routine practice settings.

603-448-126

www.dms.dartmouth.edu/prc

DATA STRATEGIES, INC.



Data Strategies, Inc. has been a leader in practice management software since 1982. Thousands of healthcare providers around the U.S. rely on our software everyday to accomplish mission-critical tasks such as billing, collections, appointment scheduling, EDI, reporting, practice management, and integration with clinical information management systems.

Our product elligence is a web-enabled, secure, client-server healthcare management system, designed for practices, clinics, and billing service providers of virtually any size. elligence helps healthcare providers comply strictly with all relevant HIPAA standards and streamlines electronic claims, remittance, eligibility and statements. It includes fast, efficient appointment scheduling, recalls, collection management. elligence reports are comprehensive, flexible and integrated with Microsoft Excel. elligence is also integrated with Microsoft Word, QuickBooks and automated patient reminder systems.

800-875-0480 ext. 1001

www.e-dsi.com

FUNCTIONALITY: Practice management
LENGTH OF RELATIONSHIP: 1 year
INTEGRATED CUSTOMERS INCLUDE:

Asian American Recovery Services – San Francisco, CA www.aars-inc.org
Boulder County Public Health – Boulder, CO bouldercounty.org/health

ACCUMEDIC COMPUTER SYSTEMS, INC.



Accumedic Computer Systems, Inc. has been servicing the behavioral health community for nearly three decades and, in the process, has helped thousands of facilities – including County Departments of Mental Health, Academic Institutions, Substance Abuse Clinics, and more - adapt to a more efficient, paperless environment. The company's clients consistently realize a dramatically shortened payment cycle, receiving

reimbursement from most insurance sources within ten business days. Trained extensively in the technical aspects of practice management, Accumedic's support team also boasts in-depth knowledge of today's healthcare industry transaction sets and the day-to-day infrastructure of the contemporary mental health organization, allowing the company's highly qualified support and implementation staff to provide comprehensive training and efficient customer service that is second to none. Accumedic is a Microsoft Certified Solution Provider.

800-765-9300

www.accumedic.com

FUNCTIONALITY: Practice management

LENGTH OF RELATIONSHIP: 1 year

INTEGRATED CUSTOMERS INCLUDE:

Aurora Mental Health Center – Aurora, CO
Porter-Starks Services, Inc. - Valparaiso, IN

www.aumhc.org
www.porterstarke.org

MEDIWARE INFORMATION SYSTEMS, INC.



Integrated Medication Management Improves Patient Safety

Mediware Information Systems, Inc. (NASDAQ: MEDW) was founded in 1980 and is a provider of specialized clinical information systems to health care institutions, including hospitals, specialty treatment centers, correctional institutions and donor centers. Mediware is committed to a vision that is shared by our customers: to bring best-of-breed clinical tools and expertise to clinicians' fingertips and enable them to share their expertise and decisions throughout the health care enterprise.

Across the company, our focus is on therapy management systems and we concentrate our development on technology that manages complex clinical information. In Medication Management, Mediware's suite of products provides healthcare providers a comprehensive solution with Anytime, Anywhere access to tools that improve medication safety. Based on a powerful Medication Management data structure, Mediware's suite provides integrated tools that support pharmacy, nursing and physicians with streamlined efficiency.

For more information on Mediware's Medication Management, download a copy of our executive report or visit our website.

888-633-4927

www.mediware.com

F. Behavioral Health Solutions Experience

RR-F-01 Describe your firm's experience and qualifications in design, development, and implementation of Behavioral Health Practice Management systems.
(5 pages maximum)

DATA STRATEGIES, INC., HEADQUARTERED IN SAN DIEGO, CA, OFFERS THE FOLLOWING SERVICES TO OUR CLIENTS THROUGHOUT THE STATE OF CALIFORNIA (AND THE UNITED STATES):

Electronic filing of Professional and Institutional claims using HIPAA-compliant formats. Web-style hyperlinks abound, letting you quickly jump from one point to another. For example, when elligence pre-checks your insurance claims and finds an error, simply clicking on a hyperlink takes you to the source of the error for quick correction.

California-specific connectivity include:

- * CA (Los Angeles Cty) - Dept of Mental Health
- * CA (Northern) - Medicare Part B - NHIC
- * CA (Southern) - Medicare Part B - NHIC
- * CA - BCC - Wellpoint
- * CA – Medi-Cal
- * CA - Medicare Part A – UGS

Our systems have been creating electronic claims since the beginning. We are in the California Medicare Electronic Billing Hall of Fame (1982) for electronic claims - among the first eight companies in the state to be approved for electronic claims.

Our unique method of handling EDI is both user friendly, intuitive and powerful - whether it is claims, remittance, eligibility, or statements - from one database or many.

Featuring pre-processing checks for erroneous data and quick error correction. Fix your mistakes *before* you send them out, and save yourself time and money.

Check eligibility at the time the appointment is scheduled, in real-time, cutting down on time-consuming and money-wasting collection efforts.

Create electronic statements at a fraction of what it costs to do it yourself.

Post electronic remittance files without losing control.

HIPAA-complaint files for both Professional and Institutional claims.

An enormous list of payers supported - direct connections to government payers in every state and top-notch clearinghouses.

Electronic statements printed on four-color formats that are professional, clear, and easy to understand. They are printed, stuffed and mailed *for* you - all at a fraction of what it would cost to do yourself.

Customizable forms and statements: On-screen designers allow drag-and-drop of fields to adjust and modify standard forms shipped with elligence.

Fully customizable reports that give you the data you need: quickly and accurately. Custom Query reports can be created to find any data within elligence - If you put it into the program, then there's a report that will show it!

Use the Practice Overview to alert key members of your staff to billing and collection issues needing their attention.

The Resource Scheduler: Multi-track, multi-doctor; schedule for open times or for specific purposes. View cancellations, no-shows, future as well as past appointments.

Daily, weekly and monthly views. Place providers and resources side-by-side to create the views that work for you.

Totally integrated Collections tools organize collection cases enabling you to find and correct bottlenecks as well as measure the efficiency of individual collectors.

TimeSavers! allow you to group tasks such as reports, electronic claims, forms and statements together to be performed automatically, after hours. The result - hours saved that can be re-allocated to patients or collections.

elligence makes managing Recalls a breeze! Fully customizable recall documents can be printed for any reasons that you define. Use different text for retries and first-attempts. Fully integrated with the elligence Resource Scheduler, so there's no extra work.

Fully integrated with Microsoft Word for patient correspondence such as collection letters, appointment and recall reminders, and patient labels, postcard, envelopes, etc. Use the full power of Word to format documents and print them on *your* letterhead.

Fully integrated with Microsoft Excel. Key reports export to Excel in a clean easy to manipulate format. Use the power of Excel to alter, graph and sort data.

Direct connections for claims to almost all Medicare Payers. Clearinghouse connections to major clearinghouses such as emdeon (formerly WebMD/Envoy) and McKesson. Perform electronic claims, remittance, eligibility and statements.

Save your fingers and prevent costly data errors by getting your codesets direct from the source! elligence connects to the Centers for Medicare and Medicaid Services (CMS) for automatic entry and updating of ICD-9 codes, and the American Medical Association (AMA) for automatic CPT codes and descriptions. Additionally, Medicare Allowed Amounts may be automatically imported into elligence yearly. Eliminate tedious and error-prone code revisions.

elligence is based on the latest web technology. If you don't have time to review key reports at the office, no problem! Connect from home simply and easily. If you have more than one office, connect them all to your main elligence server, so there's no double-entry, and less chance of errors. Wish to outsource some data entry? Create a remote connection.

Client-Server architecture.

elligence retrieves web pages from your own server and delivers them to your workstation. Your data files are only accessed momentarily providing a safe, secure connection, no matter how many users you have.

Enterprise Quality Database

elligence uses Microsoft's mission-critical database program, SQL Server. SQL Server can handle huge amounts of data, quickly and securely.

Control User Permissions

Fully customize who can do what, so you never have to worry. Operators may be granted varying levels of access ranging from administrative level to specific permissions for individual commands.

Access to Personal Health Information (PHI) is carefully monitored and readily available. All such access is tracked by operator, date and time; for an individual patient, for all patients, for any date range.

Track Changes

elligence provides a complete audit trail, recording all changes, additions or deletions for all financial data. Reports may be generated as needed, so you'll never be left wondering how something happened. At any time you may monitor who is accessing elligence, what they are doing and from which computer.

- Ability to schedule client appointments using methods to search by specific day and time, by counselor, group name, or by geographic site.
- Ability to generate appointment reminders in a batch setting.
- Ability to enroll, transfer, and discharge clients into multiple programs (see list above).
- Ability to create group notes and to individualize each note.
- Ability to create admission and discharge summaries.
- Ability to track medical as well as psychological history.
 - Ability to create custom treatment plans that link to outcome measures such as Timelines/trajectories:
 - Client's 1st contact – initial appointments – intake – 1st day of service – later retention – discharge
 - Whether outcomes are better with enhanced outpatient services
 - Referral source, numbers, outcome
 - Percent of group sessions a client attends
 - Addiction severity index
- Ability to perform reminder/recall activities, with the ability to customize reminder letter/card, and to print out mailing labels.
- Ability to enter and report on program specific data including client names and services as required by Counties.
- Ability to bill insurances and 3rd party sources by effective date for client services.
- Ability to age client account receivables.
- Ability to adjust client account receivables in an easy manner with a clear audit trail including the ability to transfer pay source or program.
- Ability to view client program balances, client payer balances, and client total balance.
- Ability to create and update sliding fee schedules by program, pay source, and service type.
- Ability to print out customized reports, such as staff productivity, reminder postcards/labels, and patient specific reports including treatment plans, group notes, monitoring sheets, referral totals, utilization of service by client and service type, admission totals by program, discharge totals by program, and registration forms.
- Ability to print out detailed customized client financial reports such as fee balance report by entered date, payment balance by entered date, adjustment balance by entered date, transaction report, bad debt collections, client statements, and third party statements.
- Ability to print out customized financial summary reports such as transaction summary and third party summary.
- Ability to send 3rd party billing data electronically using EDI Standard and the 837P transaction protocol.
- Training. We offer both on-site and conference call product training, to help our new clients learn all of the beginning and intermediate functions of our software. We provide a wide range of tips and "best practices," to ensure our clients take full advantage of our software's functionality.

System Installation & Set-Up. We work closely with the client's I.T. staff, outside consultants and other vendors to help ensure our software is installed and set-up correctly, and all interfaces with compatible products are transferring data properly.

- **Technical Support & Program Updates.** We offer optional annual software maintenance agreements that include unlimited technical support, HIPAA-compliant product updates, and semi-annual version upgrades at no additional charge. Program updates are sent automatically to every client with an active software maintenance agreement.
- **Hardware Implementation & Integration.** We assist our clients in the process of selecting, installing and integrating hardware. We have a affiliation of hardware & networking specialists around the country - and relationships with some of the largest hardware and software vendors in the world.
- **Ongoing Training.** Refresher courses are available by phone or in-person for new personnel, and other staff members who need to brush up on their software skills. In addition, we offer advanced training sessions at our offices.

RR-F-02 Describe your firm's experience and qualifications in design, development, and implementation of Behavioral Health Clinical Data Management systems.
(5 pages maximum)

Our technologies and expertise provide you the best solution to: 1) accurately triage and treat patients at the most cost-effective level of care, 2) improve patient outcomes through the implementation and continuous refinement of quality improvement efforts and Evidence Based Practices across all patient populations, services and programs, and levels of care, 3) case manage clients to ensure appropriate access to and use of community resources and to help clients reach their potential, 4) improve communications across treatment teams, programs and locations, 5) provide accurate and timely billing and secure reimbursement for services rendered, 6) improve efficiency and productivity, 7) achieve certification and compliance with local, state and federal regulatory agencies, 8) work collaboratively with community providers, 9) promote a positive learning environment for staff and residents and 10) improve human resource management and financial performance.

Key Differentiators

Our products and services offer MHSA Technology Workgroup member organizations a comprehensive integrated system that leverages the strengths of each solution – a billing/practice management application built on over 25 years of experience with the Behavioral Healthcare Provider community, the world-renown Microsoft Dynamics financial and human resources application and an EMR with complete behavioral health content and workflow and designed by and for behavioral health clinicians and administrators. Our solution delivers:

- **Rapid implementation – ability to meet or exceed project implementation timeline; other systems require the customer to build content and forms from scratch for most functional areas. MINDLINC' rich content, data element design and write-once workflow minimizes customization and accelerates implementation.**
- **Satisfied users**
- **Efficient documentation**
- **Use of the ultimate tools and data to:**
 - **establish and enforce Evidence Based Practices and internally developed clinical practices and guidelines (See Attachment D)**
 - **capture necessary data to meet managed care, Medicaid and Medicare Quality Indicators required for payment**
 - **ensure collection of all data required for billing**
 - **collect all JCAHO and State-specific regulatory required data**
 - **conduct clinical studies**
- **Improved process, continuity and delivery of care**

- Integrated patient and family involvement, self-reported information and feedback into treatment
- Improved patient outcomes: capture outcomes, relate to treatment, use rules engine to guide and improve clinical outcomes
- Patient care and regulatory reports and compliance
- Medication management
- Increased Productivity
- Improved communication
- Capture of lost charges
- Expedited billing and reduces accounts receivable days
- Robust reporting capabilities using hundreds of pre-configured reports or via the reports generator engine
- Data and reports exportation to back office programs (Word, Excel, etc.)
- Automatic conversion of appointments to claims
- Use of a multifunctional scheduler organization wide
- Attendance billing module
- Ruled based services billing that handles billing exceptions
- Eligibility verification tied to the appointment scheduler
- Group Scheduling and efficient clinical group note documentation
- Detailed Patient Accounts with the ability to capture information well beyond what is required for billing
- Improved human resource management
- Improved financial performance

Substance Abuse / Detox Specific Functionality

- Comprehensive Substance Abuse Evaluation and Assessments including:
- Substance Evaluation includes complete ASAM based substance evaluation integrated with in clinical notes and treatment plan, Buprenorphine evaluation and documentation, integrated into clinical notes and DSM-IV
- 45 standard clinician rated scales including COWS, Addiction Severity Index, CAGE, CIWA, Cocaine/Amphetamine Withdrawal Scale, Opiate Withdrawal Scale, and Alcohol Withdrawal Scale and the Composite International Diagnostic Interview (CIDI) components including all Substance Abuse components
- Over 60 client/family substance abuse and dual-diagnosis self-rated scales

Triage – MindLincis Intervention - Call Center – Emergency Room Functionality includes

- Call logging and Patient Tracking
- Clinical, demographic and financial information data capture
- Use industry-best clinical and client management functionality to
- Evaluate client-caller risk and triage to most-appropriate clinical setting
- Provide disposition and schedule follow-up call or visit with specific clinicians or clinics
- Manage Referrals
- Demographics comprehensive intake including ability to create and manage family group/entities
- Treatment Planner seamlessly integrates patient-specific and discipline-specific problems and interventions into multidisciplinary treatment plan and into progress note processes
- Progress Notes: Fully-Customizable, role-based, level of care-based, treatment modality-based note configuration and access to functionality. The Progress

Notes design assures efficient user and organization-defined workflow. MINDLINC integrates the treatment plan and progress note processes. Upon completion of the treatment plan, users select specific problems, goals, objectives, interventions from treatment plan they want to address in specific progress note. MINDLINC provides the ability to measure progress toward achieving goals, objectives and discharge criteria using the embedded treatment progress outcomes tracker.

Orders Entry System provides an efficient and accurate way to manage and communicate orders across the multidisciplinary treatment team. User access and views are role-based and set by the customer. MINDLINC Order Entry provides ability for written and verbal orders. All Orders and Order Sets are fully and easily configurable. Orders include Admit order sets and Interventions for all disciplines (e.g., social work, psychology, nursing (e.g., observation status, ward/unit activities/privileges), case management, activities therapy, consults, physical therapy, speech therapy, vocational rehabilitation, legal status, reason for admission, discharge, transfer, referral), Medications, and Labs. MINDLINC Order Sets are logical groups of orders organized according to specific treatments, functions, users, or clinical groups and are integrated into the clinical documentation processes. Order history reports include Medication Order, Laboratory Order and Unit Order sheets. Order History allows a review of all orders made during the episode of care.

Medication Management provides tools to enhance patient safety, increase physician and nurse productivity and manage formulary and drug costs. Features include:

- Drug interaction (Winter 2008)- Drug/Drug, Drug/Food, Drug/Allergy interactions improves safety of patient care
- ePrescriber - Electronic prescription, refills sent directly to client pharmacy of choice
- Side Effects and Adverse Reactions – provides ability to measure and track side effect symptoms over time
- Medication History and Timeline (excellent visual tool for clinicians to view medications over any time period) including tracking of the prescriber, reason for ordering, reason for discontinuing, start and stop dates, tracking if adequate dose and adequate duration
- Comprehensive Medication Ordering functionality
- Medication Reconciliation forms for JCAHO compliance

Restraint and Seclusion provides tools to help reduce restraint and seclusion and enhance patient safety. Features include:

- Patient intervention preferences to help reduce instances of restraint and seclusion
- Complete documentation including family contact, type of restraint, alternatives tried. Release and Post Release Information
- Restraint and Seclusion orders, verbal and written with Q shift order renewal, and Q15 minute vital checks.

Discharge Summary: Auto-created discharge summary populates information from selected clinical encounters (e.g., admission and discharge notes). The discharge summary provides full edit capabilities and brings pertinent information forward to facilitate high-quality, efficient documentation of the course of treatment.

RR-F-03 Describe your firm's experience and qualifications in design, development, and implementation of Computerized Provider Order Entry (CPOE) systems. (5 pages maximum)

MINDLINC ORDER ENTRY SYSTEM

Using the MindLinc Order Entry system, psychiatrists, nurses, pharmacists and the rest of the treatment team can communicate, receive, and act upon patient care decisions more efficiently and effectively. COE saves psychiatrists and the treatment team valuable time and improves patient safety. Key functionality includes:

- Orders Sets - include; Medications, Labs, and Admit Panels (Nursing, Status, etc.).
- Pre-configured with order sets for most common disorders
- Lab and Medication Panels - allows efficient order entry
- Medication Tapers and Titration Configurable
- All Orders and Order Sets are fully and easily configurable.
- User access and views are role-based and set by the customer.
- MindLinc Order Entry provides ability for written and verbal orders.
- Order history reports include Medication Order, Laboratory Order and Unit Order sheets.
- Order History allows a review of all orders made during the episode of care

RR-F-04 Describe your firm's experience and qualifications in design, development, and implementation of interoperable Electronic Health Record (EHR) systems. (5 pages maximum)

***MindLinc* for Behavioral Health**

MindLinc is a comprehensive mental health computerized patient record management system. *MindLinc* seamlessly integrates clinical care, regulatory management, and quality improvement. *MindLinc* helps customers manage insurance, managed care and billing processes. Through its data element design and, clinician / patient-centric workflow, *MindLinc* helps users efficiently manage their daily tasks. *MindLinc* employs a clinical rules engine to help guide clinical practices and creates a clinical outcomes data warehouse for retrospective decision analysis for clinical, administrative, and financial quality improvement.

Electronic Health Record Features

- Demographics - financial data, contact, and user defined fields
- Comprehensive Evaluation and Diagnoses including Psychiatric Diagnosis, Past Psychiatric History, Family Psychiatric and Medical History, Review of Systems, Physical Exam, Allergies, Neurological Examination, Genitourinary Examination, Sexual Abuse Examination, Medical Diagnosis, Mental Status Exam, Habits and Substances, Substance Abuse Evaluation, Medication History, Side Effects, Social History, Stressors, Nursing Evaluation & Diagnosis, Axis I - V
- Substance Abuse -Specific Evaluation based on ASAM criteria
- Assessments including Suicide, Dangerousness, Pain, Restraint, Falls and Seclusion Patient Preference (helps reduce Restraint and Seclusion and risks), Barriers to Learning, Nutrition, and ADL/Activity and Rest
- Psychiatric and Substance Scales (Clinician and Patient/Family Administered)
- Progress Notes: Fully Customizable, role-based, level of care-based, treatment modality-based note configuration and access to functionality. Ensures easy, user and organization-defined workflow.
- Group / Family Note designed for efficient documentation and billing
- Discharge Summary - auto-generated from episode of care

- Medication Management including Prescription Writer and Medication Reconciliation
- Order Entry: provides an efficient and accurate way to manage and communicate orders across the multidisciplinary treatment team. Key functionality includes:
 - Patient and Family Portal - Educational Information, self and family surveys
 - Patient and Family Administrative Task Management
 - Restraint and Seclusion
- Multi-Disciplinary Treatment Planning integrates patient-specific and discipline-specific problems, goals, measurable objectives and interventions into multidisciplinary treatment plan. Fully loaded searchable knowledge table-library of goals, objectives, interventions. Includes treatment plan templates and incorporates patients strengths, discharge criteria into treatment plan.
 - Integrates treatment plan directly into progress notes
 - Allows documentation of participants as part of the plan: staff, family and patient
 - Provides ability to measure progress toward achieving goals, objectives and discharge criteria; includes measurable outcomes with embedded outcomes scale
 - Alerts clinicians regarding due dates for treatment plans and updates
 - Provides full history and access to all treatment plans and updates
 - Users select specific problems, goals, objectives, interventions from treatment plan that they want to address in specific progress note
 - Allows documentation of participants as part of the plan: staff, family and patient
- Treatment Team Messaging System
- Financial Authorization, Automation of Billing Process, and Coding
- Managed Care Functionality: Enables customer to evaluate clinical necessity, determine eligibility, establish the initial goals and treatment plan, and refer the patient to an appropriate provider based upon the provider's specialty, location, and other criteria
- Robust Scheduling and Calendaring Tool
- Workflow Management: Write-once design with built-in intelligence and logic
- Task Management – helps clinicians manage their case load and tasks

RR-F-05 Describe your firm's experience and qualifications in design, development, and implementation of Personal Health Record (PHR) systems.
(5 pages maximum)

Duke provides customers with all of the tools to seamlessly integrate, manage, evaluate and improve behavioral health treatment and truly implement Evidence Based Practices (EBPs) while maintaining a comprehensive personal health record for each patient treated. Duke's goal is to provide clinicians, patients and families with the best information at the time of each clinical decision. Clinicians administer scales, assessments and diagnostic instruments and combine it with information collected from patient self-administered questionnaires, surveys and scales to identify problems, develop treatment plans, and implement interventions. Customers employ the Decision Support Engine to establish and enforce clinical practices and guidelines. Customers use our clinical outcomes data warehouse for retrospective decision support, and may access our Global Database (all customers) to share anonymized data for quality improvement, EBP and benchmarking purposes.

Our behavioral health EMR (named "MINDLINC") incorporates the behavioral health expertise of Duke and its customers (Duke Department of Psychiatry is #8 in the latest US News and World Report ranking and MINDLINC is used by a number of other top 25 institutions). Duke collaborates with both Dartmouth (Robert Drake MD, PhD) and other

EBP leaders to use MINDLINC and implement, test and refine Evidence Based Practices for dual-diagnoses, multi-axial, and complex patient populations. Duke's behavioral health expertise, Evidence Based Practice collaborations combined with MINDLINC' discreet data element design and decision-support engine will provide customers with the tools to achieve their objectives.

RR-F-06 Describe your firm's experience and qualifications for Systems Integration.
(3 pages maximum)

The interface between our clinical and billing systems is already built and integrated. We will test the interface using customer data. For other interfaces, the Project Team will decide on all necessary interfaces and develop in collaboration with applicable vendors the interface specifications and plan. The Project Team will develop a test approach for Interfaces, Integration, Data Conversion and User Acceptance Testing in the following sequence:

- First round of User Acceptance Testing of Customizations and resolution of issues
 - Integrations Testing
 - Interfaces Testing
 - Data Conversion Testing
- Final User Acceptance Testing

RR-F-07 Describe your firm's experience and approach to the conversion of electronic behavioral health data.
(1 page maximum)

Our technical specialists are very experienced handling data conversions - we convert data almost for every project. We apply a repeatable conversion support process, which includes providing conversion specification review, testing, training, and live support to the customer team. Conversion implementation tasks and testing are required prerequisites prior to a going product live with our solution. Our conversion technicians are experts in the conversions they support, enabling guidance to the customer through the process and decision points required during implementation.

During the project kick-off phase, the Project Team will develop a plan to implement the necessary data conversions. Our team will provide standard data conversion specifications and work with your team to determine what data can be converted and the format. The customer will work with the third party or legacy system to confirm the ability to extract the necessary data in the defined format.

We ask our customers to analyze the integrity of the data to be converted as they are in the best position to do so. Once the analysis is complete, the customer is responsible for cleaning the data to be converted. This allows for an accurate and consistent data conversion and prevents potential data conversion issues during the activation process.

Our data conversion specialists will test a sample of the data to assure clean data prior to the actual data conversion. The project team will perform the data conversion as close to the "go live date" as possible to assure the most up-to-date information is converted.

RR-F-08 Describe your firm's experience and approach to the conversion of paper-based behavioral health data.
(1 page maximum)

Through a simple process of scanning, paper-based records can be archived directly into the patient record.

G. Solution Product History

RR-G-01 Please provide the following information about the solution product(s) that you propose.

#	PRODUCT NAME AND PRIMARY FUNCTION	WHEN FIRST DEVELOPED	WHEN / WHERE FIRST DEPLOYED	NUMBER OF INSTALLATIONS TO DATE
1	MindLinc	1997	1997 Durham, NC	25
2	Elligence	1982	1982 San Diego, CA	400
3				
4				

RR-G-02 For each solution product listed in the above table, please provide:

1. The history of the product including whether the product was internally developed or acquired from another source.

Elligence: developed internally by Data Strategies, Inc., San Diego, CA

MindLinc: developed internally by Duke University Dept. of Psychiatry, Durham, NC

2. The specific Industry standards that the product was designed to, including any exceptions to those standards.

1. Whether the product is CCHIT certified.

CCHIT HAS NOT YET SET STANDARDS FOR BEHAVIORAL HEALTH CERTIFICATION

a. If the product is CCHIT certified, for which category and year is it certified? Examples would be “Ambulatory 2006”, “Ambulatory 2007”, etc.

n/a

b. If the product is not CCHIT certified, do you plan to acquire CCHIT certification and if so, in which category and when?

We are constantly developing and enhancing our products based upon current CCHIT standards and plan on certifying in behavioral health as soon as they are ready to do so.

RR-G-03 How are enhancement and new release priorities determined?

We schedule updates of specific knowledge tables throughout the year and include in our quarterly updates. We prioritize our enhancements based on 1) the need to meet new regulatory and payor requirements and 2) non-regulatory or payor driven customer requests.

RR-G-04 How are clients supported during the release of an enhancement?

We install and update our solutions remotely. We continue to enhance your software to new or improved functionality to existing modules. This includes updates to address

regulatory requirements and payor initiated changes to ensure continued optimum efficiency in electronic and paper claim submission. We provide extensive release notes with each update.

RR-G-05 Describe the size of the installed base of your solution. Include the number of users and the number of sites where the product is installed.

Duke Behavioral Health Informatics currently has 25 customers totalling approximately 6250 users.

Data Strategies Inc., has 400 installs on Elligence and 600 with CompuMed, totalling approximately 6000 users.

RR-G-06 Describe any regularly-held seminars or user group meetings available to users of your product and the time/place of the next gathering.

To date, We've held user group meetings around specific functionality to discuss and as a user group decide on the modifications to our system. In August 2009 we will hold our first user conference (it will be held in Colorado). We also provide two other customer groups: Data Group and MindLinc EMR Network Research Group. Our Data Group reviews the processes and uses of our Global Anonymized Database. All customers to date have opted to participate in this group and share their data and in return receive the Global Anonymized Database.

MindLinc EMR Network Research Group's purpose is to foster participation in clinical and EBP studies and grants sponsored by Federal and State agencies, Foundations and Pharmaceutical companies. Our system includes the capability to serve as a Single Source EMR-Clinical Study data capture technology. Our customers benefit by accessing this functionality and the ability of the Duke Behavioral Health Informatics team and many of our customers to attract Federal and State agencies, Foundations and Pharmaceutical Company studies and grants.

H. Solution Product Technologies

Software Technologies

RR-H-01 Provide the technologies used for each solution product identified above.

#	PRODUCT NAME	PRODUCT TYPE (CLIENT SERVER, WEB, ETC.)	OPERATING SYSTEM (WINDOWS, UNIX, LINUX, ETC.)	DATABASE (SQL SERVER, ORACLE, DB2, ETC.)	APPLICATION LANGUAGE (VB6, VB.NET, C, C++, C#, JAVA ETC.)
1	elligence	Client server	windows	sql	C#, VB.Net, VB Script
2	MindLinc	Client server	Red Hat Linux but with operating system independence (see O.S. paragraph below)	Mssql and oracle	Java

Server Hardware Minimum Specifications

RR-H-02 In the following table, please provide the minimum server hardware technical specification levels for operation of your solution software products. Please consider all types of possible servers such as: database, fax, email, internet, backup, image management, etc.

Please see outline below.

#	PRIMARY SERVER PURPOSE	NUMBER OF PROCESSORS PER SERVER	PROCESSOR TYPE/SPEED (MHZ)	MEMORY (GIG)	STORAGE (GIG)
1					
2					

The Open Source Development Platform: Eclipse-JAVA

Eclipse is the most commonly used software development platform on earth. It is an open source community, whose projects are focused on building an open development platform comprised of extensible frameworks, tools and runtimes for building, deploying and managing software across the lifecycle. The Eclipse Foundation is a not-for-profit, member supported corporation that hosts the Eclipse projects and helps cultivate both an open source community and an ecosystem of complementary products and services. The Eclipse Project was originally created by IBM in November 2001 and supported by a consortium of software vendors. The Eclipse Foundation was created in January 2004 as an independent not-for-profit corporation to act as the steward of the Eclipse community. The independent not-for-profit corporation was created to allow a vendor neutral and open, transparent community to be established around Eclipse. Today, the Eclipse community consists of individuals and organizations from a cross section of the software industry.

The Eclipse Foundation is funded by annual dues from our members and governed by a Board of Directors. Strategic Developers and Strategic Consumers hold seats on this Board, as do representatives elected by Add-in Providers and Open Source committers. The Foundation employs a full-time professional staff to provide services to the community but does not employ the open source developers, called committers, which actually work on the Eclipse projects. Eclipse committers are typically employed by organizations or are independent developers that volunteer their time to work on an open source project.

In general, the Eclipse Foundation provides four services to the Eclipse community: 1) IT Infrastructure, 2) IP Management, 3) Development Process, and 4) Ecosystem Development. Full-time staff are associated with each of these areas and work with the greater Eclipse community to assist in meeting the needs of the stakeholders.

Graphical User Interface

The clinicians experience is paramount to the successful deployment of any EHR. No matter how impressive, or cutting edge the technology, it is the usability of the system that will determine its success. The EHR must deliver an intuitive environment that facilitates the delivery of care. MINDLINC has been designed, modified, and refined by clinicians specifically for behavioral health over the last 10 years. The application is widely deployed in many care settings, community mental health centers, hospitals, private clinics, and is used by all levels of clinicians, MD's, RN's, MSW's, etc. Adoption of the EHR where implemented is well over 90% with very high satisfaction.

In order to continue to deliver a positive user experience the rewritten application has a flexible presentation layer easily adapted for multiple platforms including micro devices, however our initial development will use the Eclipse Foundation's Rich Client Platform, RCP. RCP delivers a rich and responsive user interface of a client server application while allowing a write once platform independence of a native JAVA application. The Eclipse RCP includes Equinox, a component framework based on the OSGi standard, the ability to deploy native GUI applications to a variety of desktop operating systems, such as Windows, Linux and Mac OSX and an integrated update mechanism for deploying desktop applications from a central server.

Architecture

The Java version of MINDLINC is a n-tiered application. In our case, we have client, presentation, business, integration and data tiers. Depending on how the application is configured, these tiers can manifest themselves in different locations. Our initial implementation utilizes the Eclipse Rich Client Platform as the client tier and our custom Eclipse plugins provide the presentation tier. The plugins provide specialized functionality, such as GUI screens, state management or access to remote services. Some of these components are considered core plugins and are required whereas others can be replaced with alternate versions to suit a customer's needs. In this way, customers can modify the visual look of the application or add additional local or remote services. The business tier is handled by the Java EE5 EJB3 container of the application server, in our case provided by JBoss. The JBoss servers also are involved in the integration tier as we utilize the Java Persistence API to act as a layer between the business tier and the data tier. Lastly the data tier is comprised of the servers that house the database servers such as MSSQL or Oracle.

This initial architecture has been built to allow for different configurations based on customer requirements. One such example, is housing the server based tiers on the actual client machine to provide local access to codesets and client configuration data. In this case, a local database would handle parts of the data tier's responsibilities and additional Eclipse plugins would act as the business and integration tiers for the localized functionality. Future development will allow a user to work "offline" in a detached mode and later synchronize with the servers.

Software Requirements

Client - OS supported by Eclipse Framework (currently tested: Windows and Linux), Sun Java Runtime Edition 5.0
Database - Recommended MSSQL or Oracle
Application Server - Recommended JBoss on Red Hat Linux
Load Balancing IP Spreader
Firewall

Platform Independence - JBoss

The application server presently being developed with JBoss, however the application is purposely designed to allow application server independence so other products like BEAs WebLogic or IBM's Websphere can be used.

JBoss Application Server (or JBoss AS) is a free software / open source Java EE-based application server. Because it is Java-based, JBoss AS is cross-platform, usable on any operating system that Java supports.

JBoss Application Server is the most widely used Java application server on the market. Hundreds of professional open source developers have contributed to the JBoss Application Server over the years and community contributors are not only welcome but encouraged. In fact all JBoss employed contributors to the JBoss Application Server were hired from the community and each of them contributed to an open source project in one way or another.

A J2EE certified platform for developing and deploying enterprise Java applications, Web applications, and Portals, JBoss Application Server provides the full range of J2EE 1.4 features as well as extended enterprise services including clustering, caching, and persistence.

JBoss Application Server includes support for Enterprise Java Beans (EJB) 3.0 which is designed to dramatically simplify the enterprise Java programming model. Download JBoss AS with EJB 3.0 today.

Operating System Independence - Red Hat Linux

The application is being developed using Red Hat Linux however, the application is written to allow operating system independence and supports other operating systems including but not limited to IBM AIX, Sun's Solaris, and Novell SUSE. Red Hat was chosen as our development operating system because it is tightly integrated with JBoss, it is dedicated to free software / open source, and is the largest distributor of the Linux operating system to commercial enterprises on earth.

Database Independence

MINDLINC is committed to a component model includes the use of different the enterprise database vendors. The enterprise database is accessed through an integration tier that allows database independence. At the present time the application is being tested against both Oracle and MSSQL, nonetheless we fully expect the application to support other enterprise databases like IBM's DB2.

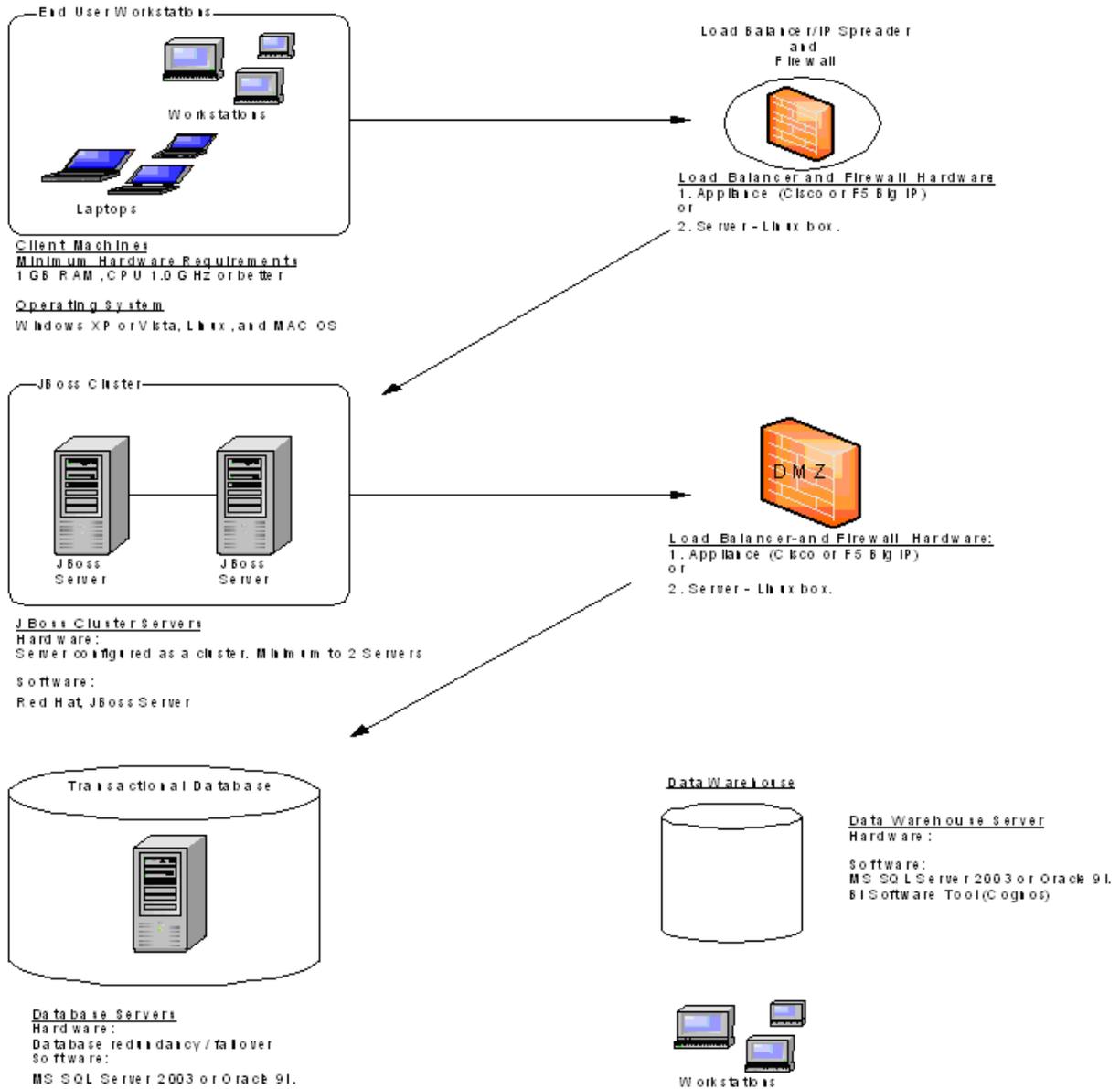
Client Hardware Minimum Specifications

RR-H-03 In the following table, please provide the minimum client hardware technical specification levels for operation of your solution software products. Please consider all types of client types including workstations, tablet PCs, PDAs, etc.

For Hardware and Software specifications and configuration, please see image below

#	TYPE OF CLIENT HARDWARE	OPERATING SYSTEM	PROCESSOR TYPE / SPEED (MHZ)	MEMORY (GIG)	BROWSER LEVEL (IF APPLICABLE)	REQUIRED DISK SPACE (IF APPLICABLE)
1						
2						

Hardware / Software CRIS



Peripheral Hardware Minimum Specifications

RR-H-04 Provide the minimum peripheral hardware technical specification levels for operation of your solution software products. Please consider all types of peripherals such as printers, scanners, card readers, notepads, etc.

#	TYPE OF PERIPHERAL HARDWARE	OPERATING SYSTEM (IF APPLICABLE)	SPECIFICATIONS/CHARACTERISTICS
1			
2			

The architecture supports all standard peripheral hardware devices including, printers all standard off the shelf laser, ink jet, scanners – Twain enabled, Application is capable of supporting external device divers to cared reader, signature pads using standard USB or Serial port connections

Minimum Network/Communication Specifications

RR-H-05 Provide the minimum network/communication technologies employed by your solution software products.

#	TYPE OF NETWORK/COMMUNICATION TECHNOLOGY	OPERATING SYSTEM (IF APPLICABLE)	SPECIFICATIONS/CHARACTERISTICS
1			
2			

System Backup/Recovery Considerations

(Not to exceed 4 pages)

RR-H-06 Describe the system backup process for your core product.

System is flexible and can be integrated with multiple backup and recover configuration. We recommend an automatic tape jukebox. Incremental backup's daily, with weekly complete backups and 30 day of site storage

The core product utilizes a commercial relational database. A variety of enterprise tools are available to perform backups. We have recommended best practices, but the specific backup procedures will be tailored to fit customer needs.

RR-H-07 Can backup be completed in a dynamic mode so that the system can be operational 24 hours per day?

Yes.

RR-H-08 Describe any automated backup features that allow rapid and unattended backups of system and operational data on a user-scheduled basis.

We recommend an automatic tape jukebox.

RR-H-09 Can the system be configured to support improved fault tolerance and system recovery (e.g., mirrored disk drives/servers)?

Yes.

Data Archiving Considerations

(Not to exceed 4 pages)

RR-H-10 What are the capabilities for archiving data?

Archive Server can be deployed. Archive server requirement are definable.

Archiving requirements should be reviewed with considerations for Data Warehousing. All data can be archived within constraints based on data integrity. There are several options for archiving strategies based on customer requirements.

RR-H-11 What are the capabilities for restoring archived data?

Depending on server capacity, archived data can be restored to the production system or to a data warehouse.

RR-H-12 What tools/media are used for archiving data?

At a definable point in time the data will automatically archive data

Clinical transaction off load

Archiving can be accomplished with traditional file storage methods such as tape, offsite backup, etc.

Data Warehousing is accomplished with relational databases and networked attached storage or a storage area network.

System Interface Considerations

(Not to exceed 3 pages)

RR-H-13 Describe your overall approach to developing, testing, implementing, and upgrading system interfaces to other third-party systems. Describe the process you use to settle disputes over interfaces between your solution and others.

We follow a standard operating procedure (SOP) for interface implementation: including but not limited to specifications requirements gathering, defined and documented goals and functional expectations, system analysis, coding/development, deployment of test system, testing with client, Migration plan to live, Migration with 24/7 support.

Disputes represent a failure in the implementation process; the most important goal should always be to deliver the system that works. Much like the initial implementation process and analysis of the problem needs to be initiated, a solution identified, a clearing defined and documented implementation plan documented signed off by both parties which clearly defines expectation timeline and responsibilities.

RR-H-14 With what version of HL7 is your product compliant?

We support HL7 2.X, our interface engine is also capable of supporting the 3.X standard

Data Security Considerations

(Not to exceed 3 pages)

RR-H-15 Discuss your approach to data/information security, especially with regards to Internet technologies. What level of encryption and authentication is supported?

A variety of tools and techniques are used to ensure data security.

Database connections can be encrypted with SSL or TLS.

Client access can be restricted with secure tunneling, shared key cryptography, secure remote password, TLS, and or managed client certificates.

Enterprise level security best practices should be applied to restrict access to the servers. Several network configurations are supported, including separate private networks or segmented public networks (DMZ, Server Zone, etc.).

Scalability Considerations

(Not to exceed 3 pages)

RR-H-16 Describe your product's ability to expand to accommodate increasing numbers of users, servers, etc.

Our application supports clustering of database as well as clustering of application servers.

The application server utilizes technologies based on Java Enterprise standards (J2EE/JEE) that were designed to support scalable enterprise applications.

The application can also scale by segmenting user populations to work on different servers or clusters.

RR-H-17 Provide any performance metrics that describe the maximum load(s) under which your system can continue to perform at an optimum level

Performance varies greatly based on hardware and clustering configurations.

RR-H-18 It is possible that many counties will want to work with the same vendor. How would your company mitigate the impact from potentially high-volume purchases from multiple counties in California? Include in your answer the need to hire additional staff, increase locations and the possible impact to implementation and training schedules, and problem response times.

We increase PM implementation staff as well as support according to our workload. We recently added a West Coast support office to expand our staffing and our time coverage. In our area we are very fortunate to have very large EMR companies providing great availability to skilled and experienced staff. Over the past year we have hired four staff away from these EMR vendors.

I. Behavioral Health EHR Functional Requirements Survey

RR-I-01 Please complete the CA BH-EHR Functional Requirements Survey (an Excel spreadsheet) that accompanies this RFI. The Functional Requirements Survey is part of this RFI and must be completed.

Please see attached Excel Spreadsheet.

J. Implementation Planning

(Not to exceed 5 pages.)

RR-J-01 Describe your suggested best-practice approach to implementing your solution. Please include details regarding data conversion and training, and how these activities contribute to your suggested approach.

PROJECT START-UP

Project Management Plan: The project manager will collaborate with the customer project manager to develop and manage the project plan. This plan follows the Project Management Institute's guidelines and includes the project scope, organizational structure and resources, schedule management, financial and scope change management, quality management, and communication management including templates to be used by all team members (e.g., issue log, status reports, minutes).

Project Scope: The Project Team is responsible for executing the activities and producing the deliverables in order to meet the objectives in each phase of the project.

Activities	Key Deliverables
<ul style="list-style-type: none">▪ Technical Assessment▪ Scope Management▪ Schedule Management▪ Quality and Risk Management▪ Financial Management▪ Communication Management▪ System Integration Planning▪ Confirm scope and objectives, finalize schedule, agree on project organization and establish project infrastructure▪ Identify and secure resource commitments from customer and other vendors (e.g., from products that MINDLINC will interface with)▪ Identify Project Team members▪ Hold on-site kick-off meeting with Project Team▪ Monitor and manage the project and assigned resources▪ Ensure timely reporting and communication of project status, activities, issues, risks, and milestones	<ul style="list-style-type: none">▪ Technical Assessment▪ Project Scope and Objectives▪ Project Schedule▪ Quality and Risk Plan▪ Quality review reports▪ Communication Plan▪ Project Status Reports▪ Project Status Meeting Minutes▪ Issue Management Tool▪ Scope change log▪ System integration plan▪ Customer and other Vendor Resource Description▪ Lessons Learned Process

Organizational Structure including Project Management Team:

1. Project Manager
2. Customer IT lead
3. Customer Clinical-Ops lead
4. Customer Billing / Financial Lead
5. Other project team members on an as needed basis (technicians, specialists, trainers, super-users)

Schedule Management: Schedule Management is the continuous process of managing the tasks and resources associated with the project. The initial plan is included in this proposal and contains: tasks, milestones, resources assignments, dependencies, start and stop dates, and estimated effort. The PM will update the schedule on an agreed upon basis (e.g., every two weeks). The schedule will be used as the framework to guide the Project Team and other project status meetings.

Financial and Scope Change Management: The Duke PM and Customer Lead work together to track and manage overall project budget and scope to achieve the intended business results

Quality Management: The Project Management Team will develop the quality management plan which will include review of outcomes (e.g., meeting project deliverables on time) and structured customer feedback.

Communication Management: The Project Management Team will develop and manage the Communication Management plan to ensure timely and appropriate generation, collection, dissemination, storage, and ultimate disposition of project information.

System Integration Plan: The PM in collaboration with the Project Team will develop a comprehensive system integration plan describing all integration and interface points with our solution. The plan includes the requirements for implementation of interfaces and integration points and applicable Vendors

Project Start-up Summary	
Our Responsibilities	Customer Responsibilities
<ul style="list-style-type: none"> ▪ Develop and maintain project scope ▪ Develop and maintain project schedule ▪ Identify project resources ▪ Document, manage, and resolve issues ▪ Document, manage, and mitigate risks ▪ Document and execute quality management plan ▪ Document and execute communication plan ▪ Document and manage scope change process ▪ Prepare and distribute status reports ▪ Conduct Project Team project meetings and provide meeting minutes ▪ Provide System Integration and Interface Plan 	<ul style="list-style-type: none"> ▪ Review and provide input into the project scope ▪ Maintain project schedule over the duration of the project ▪ Identify customer and other vendor project resources ▪ Document, manage, and resolve issues ▪ Document, manage, and mitigate risks ▪ Document and execute quality management plan ▪ Document and execute communication plan ▪ Document and manage scope change process ▪ Participate in Project Team project meetings

PROJECT EXECUTION

Requirement Specifications (mandatory and optional), Design, and Development: The activities and key deliverables from the Requirement Specifications and Design phase are noted in the following table.

Activities	Key Deliverables
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Activities	Key Deliverables
<ul style="list-style-type: none"> ▪ Assess current hardware configuration and our solution's hardware requirements ▪ Workflow: Assess Customer systems and workflow and configure solutions to match work flow ▪ Evaluate and develop Interface and Integration Plan ▪ Evaluate data conversion requirements and develop Data Conversion plan ▪ Perform gap analysis between Customer Forms and our solution's reports and Forms to determine if there are any missing data elements in our solutions and to reach agreement on which Forms need to be developed ▪ For missing data elements determine where in the our solutions they need to be placed to meet user workflow requirements (Implementation Workflow Process Review & Gap Analysis) 	<ul style="list-style-type: none"> ▪ Customization requirements ▪ Hardware Specifications and Installation Plan ▪ Interface and Integration Specifications and Plan ▪ Data Conversion Specifications and Plan ▪ Product Education

Hardware Assessment and Design: At the beginning of the project, the project team will perform a hardware assessment to help understand the customer's existing hardware configuration, planned additions for installation of other systems as well as upgrades, and our solution's hardware requirements. The Project Team will develop a hardware configuration and installation plan for the Customer to execute. Please see Addendum I – Technical Requirements

Workflow Assessment and System Configuration to Match Workflow: Duke conducts a Workflow Review including working with the decision makers for each discipline by program to understand their workflow and use our admin tool to configure clinicians' evaluations and progress notes to match what they do. The team will identify any forms or data elements required and develop specifications for programming.

Programming and testing: Our solution provides very rich, detailed data element driven functionality. The clinical system was developed by behavioral health clinicians for behavioral health clinicians. The billing system was developed by billing experts and has been enhanced over the past 30 years. Because of its design the workflow analysis for each implementation is significantly reduced.

Installation and Updates: We install and update our solutions remotely. We continue to enhance your software to new or improved functionality to existing modules. This includes updates to address regulatory requirements and payor initiated changes to ensure continued optimum efficiency in electronic and paper claim submission.

Interface and Integration: The interface between our clinical and billing systems is already built and integrated. We will test the interface using customer data. For other interfaces, the Project Team will decide on all necessary interfaces and develop in collaboration with applicable vendors the interface specifications and plan.

Data Table Modifications: We provide fully loaded knowledge tables and provide training for the customer system administrator. The customer will review the data tables and make changes (some tables are restricted, for example the DSM-IV). We provide a data dictionary and instructions on how to edit the tables.

Rollout Preparation: The Project Team will develop a rollout plan based on 1) workflow, and 2) facility, clinic, and/or program readiness.

TESTING

The activities and key deliverables for testing are as follows:

Activities	Key Deliverables
<ul style="list-style-type: none">▪ Develop Testing approach for system, interfaces, integrations, and data conversion▪ Develop testing materials▪ Execute Interface Testing▪ Execute Integration Testing▪ Execute Data Conversion Testing▪ Execute User Acceptance Testing	<ul style="list-style-type: none">▪ Test Approach for system, interfaces, integrations and data conversion▪ Interface testing▪ Integration testing▪ Data Conversion testing▪ User acceptance testing▪ Test results documentation

Develop Test Approach for Interfaces, Integrations, Data Conversion and User Acceptance Testing

The Project Team will develop a test approach for Interfaces, Integration, Data Conversion and User Acceptance Testing

The overall testing approach will require the following sequence:

- First round of User Acceptance Testing of Customizations and resolution of issues
- Integrations Testing
- Interfaces Testing
- Data Conversion Testing
- Final User Acceptance Testing

Data Conversion Our technical specialists are very experienced handling data conversions - we convert data almost for every project. We apply a repeatable conversion support process, which includes providing conversion specification review, testing, training, and live support to the customer team. Conversion implementation tasks and testing are required prerequisites prior to a going product live with our solution. Our conversion technicians are experts in the conversions they support, enabling guidance to the customer through the process and decision points required during implementation.

During the project kick-off phase, the Project Team will develop a plan to implement the necessary data conversions. Our team will provide standard data conversion specifications and work with your team to determine what data can be converted and the format. The customer will work with the third party or legacy system to confirm the ability to extract the necessary data in the defined format.

We ask our customers to analyze the integrity of the data to be converted as they are in the best position to do so. Once the analysis is complete, the customer is responsible for cleaning the data to be converted. This allows for an accurate and consistent data conversion and prevents potential data conversion issues during the activation process.

Our data conversion specialists will test a sample of the data to assure clean data prior to the actual data conversion. The project team will perform the data conversion as close to the “go live date” as possible to assure the most up-to-date information is converted.

Training

The activities and key deliverables for training are as follows:

Activities	Key Deliverables
<ul style="list-style-type: none"> ▪ Develop training approach ▪ Develop training curriculum ▪ Develop training materials ▪ Deliver training 	<ul style="list-style-type: none"> ▪ Training Approach ▪ Training Curriculum ▪ Training Materials ▪ Training Schedule ▪ Proficiency Tests ▪ Course Evaluation

Deliver System Administrator/DBA Training: We will provide training for the selected DBA/System Administrators on how to use the system Admin utility, and how to move the system from the test environment to production. The DBA/System Administrators should also attend the Superuser Training to better understand the system.

Develop User Training Plan and Training Validation: The Project Team develop training plan to meet the needs of the Customer and to align with the rollout plan. The training plan includes the 1) training curriculum, 2) schedule, 3) media, tools, training rooms, and other logistics, 4) workflow changes, 5) proficiency testing (training validation), 6) course evaluation, and 7) communication and promotion of training

We will provide sample training materials, and the Project Team will modify and finalize to meet the customer requirements. The Project Team will create the training schedule and registration procedures and establishing cancellation and no-show policies. The Customer will setup and maintain the needed equipment in the training rooms. This includes all necessary connectivity, peripherals, and generation of training materials.

Deliver User Training and Validate Training

We will provide both train-the-trainer and the initial general staff training. For the on-going training we will train a single group of super users. Our trainers and the superusers will provide the initial general staff training together (this allows us the opportunity to help coach the superusers and provides them with guided train-the-trainer). The Customer super users will then provide training after the initial general staff training. Trainers will administer proficiency testing to users, review test results, and develop and implement corrective actions on an individual e.g., additional training) and collective basis (e.g., revise training).

Rollout

The Project Team will rollout the system according to the rollout plan. The Project Team and the Customer Superusers will support users throughout rollout phase to help with change management, education, system support and resolving issues.

Activities	Key Deliverables
<ul style="list-style-type: none"> ▪ Data Conversion will be completed as close to the go live as possible to minimize duplicate data entry ▪ The Customer System Administrator/DBA will move the System from the test environment to the live environment ▪ Change management: communication, promotion, education, enforcement ▪ Superuser support of users involved at each stage of the rollout ▪ Issue resolution 	<ul style="list-style-type: none"> ▪ Converted data ▪ Live system ▪ Supported users ▪ Identified and resolved issues ▪ Successful implementation

Activities	Key Deliverables

PROJECT CLOSEOUT

Transitioning: The Project Team will review the project through a lessons learned meeting and/or customer satisfaction survey, and initiate the full transition to the Customer.

Activities	Key Deliverables
<ul style="list-style-type: none"> ▪ Document business results ▪ Lesson Learned Meeting ▪ Provide all manuals ▪ Conduct transition 	<ul style="list-style-type: none"> ▪ Customer Support Manual ▪ Lessons learned and/or Customer Satisfaction results along with any subsequent action plans

Develop Closeout Materials: The Project Team will provide all applicable project working papers to the Customer and will document any outstanding issues with status, current action items, and responsible party. We will also deliver the latest version of the Admin Utility Help Manual and the User Help Manual

RR-J-02 What is the typical implementation timeframe for your solution? Express your answer as a range (6 to 12 months, 1 to 2 years, etc.) qualified by a size-of-project; factor such as number of users, total project cost, etc. An example would “6 to 12 months for a total project cost not exceeding \$500,000” etc. Please feel free to share any metrics that you typically use to estimate the timeframe for the implementation for your solution.

K. Training and Documentation

Training

(Not to exceed 2 pages)

RR-K-01 Describe the types of training offered, i.e., end-user, systems administrator, installer, etc.

Training

The activities and key deliverables for training are as follows:

Activities	Key Deliverables
<ul style="list-style-type: none"> ▪ Develop training approach ▪ Develop training curriculum ▪ Develop training materials ▪ Deliver training 	<ul style="list-style-type: none"> ▪ Training Approach ▪ Training Curriculum ▪ Training Materials ▪ Training Schedule ▪ Proficiency Tests ▪ Course Evaluation

Deliver System Administrator/DBA Training: We will provide training for the selected DBA/System Administrators on how to use the system Admin utility, and how to move

the system from the test environment to production. The DBA/System Administrators should also attend the Superuser Training to better understand the system.

Develop User Training Plan and Training Validation: The Project Team develop training plan to meet the needs of the Customer and to align with the rollout plan. The training plan includes the 1) training curriculum, 2) schedule, 3) media, tools, training rooms, and other logistics, 4) workflow changes, 5) proficiency testing (training validation), 6) course evaluation, and 7) communication and promotion of training

We will provide sample training materials, and the Project Team will modify and finalize to meet the customer requirements. The Project Team will create the training schedule and registration procedures and establishing cancellation and no-show policies. The Customer will setup and maintain the needed equipment in the training rooms. This includes all necessary connectivity, peripherals, and generation of training materials.

Deliver User Training and Validate Training

We will provide both train-the-trainer and the initial general staff training. For the on-going training we will train a single group of super users. Our trainers and the superusers will provide the initial general staff training together (this allows us the opportunity to help coach the superusers and provides them with guided train-the-trainer). The Customer super users will then provide training after the initial general staff training. Trainers will administer proficiency testing to users, review test results, and develop and implement corrective actions on an individual e.g., additional training) and collective basis (e.g., revise training).

RR-K-02 How often is training offered (as needed, or on a set calendar schedule)?

Calendar scheduled on an as needed basis.

RR-K-03 Please give the duration of each class, the location of training and the recommended number of people that should attend training.

Half-day (3 hour) or full day (6 hour) sessions. Maximum recommended attendance of 10 users.

RR-K-04 Please describe if training is classroom style with an instructor, one-on-one, computer-based training, self-study, etc.

Practice Management is performed via the web (unless requested otherwise) Clinical training is performed onsite in Half-day (3 hour) or full day (6 hour) sessions.

RR-K-05 Who provides the training: employees of your company or sub-contractors?

Direct employees

RR-K-06 Do you provide clinician-specific training?

Yes.

RR-K-07 Do you provide fiscal-specific training related to billing Short-Doyle Medi-Cal in California?

Not at this time.

Documentation

(Not to exceed 2 pages)

RR-K-07 Describe the documentation (both system and training) provided as part of standard installation approach including:

1. Manager and user reference manuals (applications).
2. User operator/system administrator manuals.
3. Hardware/OS manuals.
4. Network and Security.
5. Training manuals (initial and ongoing user self-training).

Our training manuals for all applications are comprehensive, easily-referenced and written to be easily understood. Hardware and Operating system manuals are the sole responsibility of the respective manufacturer.

RR-K-08 Is the documentation available:

1. In hardcopy?.
2. On CD-ROM?
3. On the Local Area Network?
4. On the Internet?

Yes, to all above.

RR-K-09 How often is your documentation updated? How often are updates made available to the user? How is documentation updated (memo, revised manuals, on-line, CD, etc.)?

As needed, typically 1-2 times annually, available electronically.

L. Contractual Support

(Not to exceed 4 pages)

RR-L-01 Do proposed acquisition and/or ongoing maintenance/support costs include:

1. Future enhancements to acquired/licensed application modules? **Yes.**
2. Operating system and related environmental software? **No.**
3. Interface maintenance? **Yes.**
4. Architectural changes such as migration to emerging technologies and new methods of systems deployment? **Additional fees for such services may apply, depending upon the time needed and cooperation from other involved vendors.**

If not, describe the conditions and terms under which enhancements/new releases are made available to existing customers.

Enhancements are provided to all clients with active maintenance agreements.

RR-L-02 What are your normal support hours (specify time zone)? Where is support staff **located**?

Monday through Friday 6 am to 5 pm PT. 24/7 support is available for an additional fee. Our support is provided via offices in Redmond, WA and Durham, NC.

RR-L-03 Which of the following support features are available? Check all that apply:

1. Toll-free hotline Y
2. Remote monitoring Y
3. Remote diagnostics Y
4. Training tutorials Y
5. Web-based support tracking Y
6. 24x7 software support Y
7. 24x7 hardware support N/A

RR-L-04 Provide the response time for problems reported during:

1. Regular business hours.
2. Off-hours.

Activities	Initial Response Time Goal	Key Deliverables
Down System	15 minutes	Every hour until resolution
Emergency	1 hour	Every four hours or next scheduled follow-up
Standard	Same business day	Next scheduled follow-up

RR-L-05 Describe your problem reporting software and tools. Are they available via the Internet? Can a list of outstanding problems and enhancements by client be viewed on-line and downloaded?

Support site, FAQ pages and full Psychiatric Wiki.

RR-L-06 Describe your firm’s approach to software maintenance agreements. Include how, and at what frequency, your firm provides maintenance and upgrade services in support of your system products. **Annual support fees total approximately 18% of the total licensing fees. Support is provided on an as needed basis and all upgrades are performed online.**

M. Cost and Licensing

(Not to exceed 3 pages)

RR-M-01 Describe your pricing and/or licensing models based on the various product functionalities listed above. Do not provide specific pricing in your response, but information on how pricing is derived is pertinent. Examples of pricing models may be: module-based pricing, package or suite pricing, single price package, subscription based, package plus maintenance, etc.

**MindLinc is licensed by named user, with all modules include.
Elligence is likewise all inclusive but with concurrent user licensing.**

RR-M-02 List any programs your corporation currently participates in, in which you provide a single pricing and licensing model for a large customer with decentralized purchasing (public or private sector),

and functional descriptions of that model. Examples of this type of licensing/procurement program may be the State of California Software License Program (SLP), or the California Strategic Sourcing Initiative.

N. Risks and Issues

(Not to exceed 3 pages)

RR-N-01 It is fully expected that Counties will encounter risks/issues that they must manage and mitigate. Please identify the risks/issues that a County is most likely to encounter when implementing your solution. Please include examples from prior implementations of your solution.

As with any change in technology, the biggest challenge is inspiring internal users to accept and embrace the new system. Some workflow changes are certain to occur as well, but the user-friendly nature and extensive training we provide has consistently given us a user-acceptance rate high above industry standards (see references).

O. Project References

RR-O-01 Provide a minimum of three (3) previous implementations of your solution that most closely approximate a CA County Behavioral Health setting. Include a California reference if available. Provide names and contact information of individuals who have sufficient experience to speak knowledgeably concerning:

1. The implementation process.
2. System functionality.
3. Vendor support.
4. Documentation.
5. Training.
6. Overall customer satisfaction.

DUKE UNIVERSITY BEHAVIORAL HEALTH INFORMATICS REFERENCES

Client	Aurora Mental Health Center
Contact Name	George Gielow, Director of Operations and IT
Telephone No.	303-489-1167
Email	GeorgeGielow@aumhc.org
Location City/State	Aurora, CO
Stage	Production

Client	Columbia University
Contact Name	Susan Kistler, IT Director Dept Psychiatry
Telephone No.	Susan Kistler: (646) 337-7587
Email	susan@columbia.edu
Location City/State	New York, NY
Stage	Production

Client	Center For Child and Family Health
Contact Name	Margaret Samuels, Director
Telephone No.	919-419-3474 Ext. 306

Email	margaret.samuels@Duke.edu
Location City/State	Durham, NC
Stage	Complete

DATA STRATEGIES, INC. REFERENCES

ORLANDO BEHAVIORAL HEALTHCARE
WINTER PARK FL
(407) 647-1781

PREVENTIVE MEDICINE CLINICS
PALM SPRINGS CA
(760) 320-4292

AREA SUBSTANCE ABUSE COUNCIL
CEDAR RAPIDS IA
(319) 390-4611